

**Rule 19**  
**DISPUTES BETWEEN PROVIDERS AND PAYORS**

**A. Scope:**

By virtue of the authority vested in the Commission pursuant to Idaho Code §§ 72-508 and 72-707, the Industrial Commission of the State of Idaho hereby adopts this judicial rule of procedure governing the resolution of disputes between providers and payors. A "dispute" means a disagreement between a provider and a payor over whether any charge for medical services is acceptable pursuant to the provisions of the administrative regulation applicable at the time a charge was incurred. The definitions set forth in IDAPA 17.02.08.031 and 17.02.08.032 are incorporated by reference as if fully set forth herein.

**B. Compliance Prerequisite:**

In order to commence the dispute resolution process, a provider must have complied with the applicable procedures preliminary to dispute resolution set forth in IDAPA 17.02.08.032.

**C. Service:**

Required documents shall be filed and served by mail, fax, or personal delivery.

**D. Review:**

The Commission will use this dispute resolution process to determine whether the provider's charge is acceptable pursuant to the provisions of IDAPA 17.02.08.031.

**E. Dispute Resolution Process:**

1. Pleadings.

a. Provider. If a provider has received from a payor a final objection to all or part of a provider's bill, or if 45 days have passed from the date provider sent the bill without response from payor, the provider may file with the Commission and serve on the payor a request for approval of the disputed charge. If a payor has finally objected to more than one charge in a single billing, the provider may seek approval of all such charges in a single motion.

i. Form. The provider shall file such request on the form provided in Appendix 6 and attach thereto affidavits and/or other documents evidencing facts sufficient to show that the charge(s) in dispute is(are) acceptable pursuant to the applicable regulation. Appendix 6A and Appendix 6B.

ii. Timing. Such request must be filed with the Commission and served on the payor within 30 calendar days of the date the provider receives the payor's final objection, or within 90 days from the date provider sent the bill to payor if payor has not responded. A provider's failure to timely file a request for the disputed charge(s) shall forever bar the provider from seeking the Commission's approval of any charge as to which a final objection has been made.

b. Payor. A payor served with a request for the disputed charge shall file a response with the Commission, together with affidavits and/or other documents evidencing facts sufficient to show that the charge(s) in dispute is(are) not acceptable pursuant to the applicable regulation. The response and accompanying documents shall be served on the provider within 21 calendar days of the date

it receives the provider's motion. If no response is filed and served within the time provided herein, the Commission shall enter a default in favor of the provider and the charges will be deemed reasonable.

2. Commission Staff Review. When the time for filing a response has passed, the Commission shall refer all pleadings and supporting documents filed by the parties to a Commission staff member or members for administrative review and disposition.
  - a. Compilation of Charges. The Commission shall compile charges for procedures sorted by CPT code or other similar coding, systematically collected and assembled. The compilation shall be updated, at least annually. The compilation shall also include pertinent information which Commission staff obtains from health care providers, industry representatives, employers and sureties.
  - b. Staff Review. The Commission's staff shall review the pleadings and supporting documents as well as applicable information contained in the above compilation. The weight to be placed on any evidence considered by the Commission's staff shall be solely within the staff's independent judgment.
  - c. Advisory Panel. On the Commission staff's recommendation, the Commission may appoint an Advisory Panel on an ad hoc basis to assist the Commission staff in disposing of a request for a disputed charges. The Advisory Panel shall review all pleadings and supporting documents and any applicable information from the Commission's compilation of charges and shall recommend a disposition to Commission staff.

i. Panel Composition. Each Advisory Panel shall consist of 3 members. One member shall be a provider and, where the provider filing the request for a disputed charge practices a specialty, the provider on the panel shall, whenever possible, have the same specialty. One member of the panel shall represent payors, and one member of the panel shall represent the public. The Commission shall seek recommendations for panel membership from professional associations, industry representatives, and providers. No panel member shall have a financial interest in the specific workers' compensation claim or in the fee in dispute or in the entity charging such fee. Panel membership shall be voluntary and non-compensated.

ii. Excise of Identifying Information. Prior to forwarding the above-referenced materials to the Advisory Panel, Commission staff shall excise, to the extent possible, all information which would permit identification of the parties to the dispute by the Panel.

iii. Advisory Panel Recommendation. The Advisory Panel shall consider the above information and issue a written recommended disposition of the provider's motion to the Commission staff. The Panel's recommendation will be strictly advisory, and the Commission staff will exercise independent judgment in determining whether and to what extent it will adopt the Panel's recommendation.

- d. Administrative Order. The Commission staff will issue an administrative order ruling on the motion for disputed charge. The administrative order shall state the reasons therefore and shall be filed with the Commission and served on all parties. Where an Advisory Panel has recommended a disposition, the Commission staff shall append the Advisory Panel's recommendation to the administrative order. Commission staff shall state in the body of the administrative order whether and to what extent Commission staff adopted the Advisory Panel's recommendation and the reasons therefore.

### 3. Reconsideration.

- a. De Novo Review. Any party aggrieved by the administrative order issued by the Commission staff may, within 20 days of the date the administrative order is entered, file for reconsideration seeking de novo review by the Industrial Commission, stating with specificity the reason(s) therefore and shall serve a copy on the opposing party. The other party shall have 10 days to file a response to the motion, and the aggrieved party shall have 5 days to file a reply to the response. On filing for reconsideration, and where the Commission determines that the interests of justice will be served by further review, the Commission may conduct a de novo review of the record to determine whether the interests of justice have been served by the administrative order, or may remand the matter to Commission staff for de novo consideration and entry of an additional administrative order.

- i. Record. The record shall include all pleadings and exhibits filed with the Commission, any other

information relied on by the Commission staff, and the administrative order.

b. Opportunity to Present Additional Evidence.

i. Any party desiring to submit additional evidence must submit it with the reconsideration or response thereto. Additional evidence may not be submitted with a reply to a response. The party submitting the evidence must demonstrate good cause why the evidence was not submitted with the motion for disputed charge. Good cause will be based on whether the evidence was newly discovered or not available when the motion for a disputed charge was submitted, or excusable neglect. If the party fails to show good cause, the evidence will not be considered.

ii. The Commission shall issue an order ruling on the request to augment the record. If the Commission grants such request, it shall establish a schedule and method whereby such additional evidence may be presented.

c. Order. After a de novo review of the record and, where applicable, review of additional evidence, the Commission shall issue an order on the reconsideration.

*COMMENTS: Subsection E.1.a extends the time for a provider to file a bill for payment.*

*Subsection E.3.b provides a concise statement of the process for augmenting the record.*